



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL

NOTICE OF INTENT (NOI)
for discharges of treated groundwater associated with
UNDERGROUND STORAGE TANK (UST) REMEDIATION

Site Name:	County:
Street Address or Location:	Latitude:
	Longitude:
■ All entries must be in ink. ■ Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility. ■ This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency. ■ If this NOI is submitted because of new operator or to update facility information (such as name of facility, new official contact person name, new E-mail address, etc.), provide the existing permit tracking number:	

Owner or Operator: (the person or legal entity which controls site's operation; this may or may not be the same as the site name or the official contact name)				
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1	Official Contact Person Name: (individual responsible for a site)	Title or Position:		
	Mailing Address:	City:	State:	Zip:
	Phone: ()	E-mail:		

2	Local Contact Person Name: (if appropriate, write "same as #1")	Title or Position:		
	Site Address: (this may or may not be the same as street address)	Site City:	State: TN	Zip:
	Phone: ()	E-mail:		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence:

Treated groundwater from the site enters following stream(s) and/or lake(s): (for each outfall, give names and stream miles)	Number of outfalls:
Type of product(s) currently or previously stored in tanks located at the site:	UST Site ID Number
A description of contamination, assessment study, extent of contamination, etc. Attach additional pages if necessary.	
A description and design capacity of treatment process and facilities. Circle discharge type (continuous means more than 4 days at a time):	Continuous Intermittent
Expected starting date for groundwater treatment, and estimated life of remediation project:	

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

Printed Name Official Title Signature Date

STATE USE ONLY

Received Date	Domestic Water Supply Use	Protective for Lead Conc.	Tracking No.	EAC
Impaired Receiving Stream	High Quality Water	T & E Aquatic Fauna	NOC Date	Reviewer

Submit the original completed and signed form to:

UST NOI Processing
Division of Water Pollution Control
6th Floor L&C Annex, 401 Church Street
Nashville, TN 37243-1534